	٠	70 104
		Application or Docket

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE		OR	OTHER		
TOTAL CLAIMS		1 - /		CONDITION OF THE PARTY OF THE P		ľ						
		34				.		FEE		RATE	FEE	
FOR		NUMBER FILED		BMUN	NUMBER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	·710.00	
TOTAL CHARGEABLE CLAIMS			34 minus 20=		• 14			X\$ 9=		OR	X\$18=	252
_	EPENDENT CL		8 minus 3 =		5			X40=		OR	X80=	400
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	1362
	C		•			OTHER	THAN					
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	.5%	Minus	•• 34	<u>/</u>	6		X\$ 9=		OR	X\$18=	
AME	Ind pendent	NITATION OF M	Minus	*** S	CLAIN	- C		X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=	_	OR	+270=	/
· · · · · ·								TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N N	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	•	Minus	***		=		X40=		OR	X80=	
L	FIRST PRESE	NTATION OF MU	JETIPLE DEP	ENDEN	CLAIM		1	+135=		OR	+270=	
							_	TOTAL DDIT, FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colur	nn 2)	(Column 3)	· ·	DOM: TEE		•		-
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	•	Minus	**		=	П	X\$ 9=		OR	X\$18=	
AME	Independent	NITATION OF 1	Minus	***	C 4124	=		X40=		OR	X80=	
L	FIRST PRESE	NTATION OF MI	JUINTE DEP	ENDEN	CLAIM		!	+135=			+270=	·
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE OR ADDIT. FEE OR ADDIT. FEE												
		mber Previously Pai					er four	nd in the app	ropriate box	in col	umn 1.	